**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)Website: <http://www.honolulu.gov/ethics/>

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HONOLULU  
ETHICS COMMISSION  
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32-11-19

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**2019 REGISTRATION**Lobbyist Registration  
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Kaakua, Laura, Hokunani Edmunds

LOBBYIST FIRM/EMPLOYER (if applicable)

The Trust for Public Land

TELEPHONE

808-524-8562

MAILING ADDRESS (No. and Street or P.O Box)

1003 Bishop Street, Suite 740

FAX 808-524-8565

EMAIL [laura.kaakua@tpl.org](mailto:laura.kaakua@tpl.org)

(City) Honolulu

(State) Hawaii

(Zip Code) 96813

**PART II.A ORGANIZATION**

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

The Trust for Public Land

TELEPHONE

808-524-8562

MAILING ADDRESS (No. and Street or P.O. Box)

1003 Bishop Street, Suite 740

FAX 808-524-8565

EMAIL [laura.kaakua@tpl.org](mailto:laura.kaakua@tpl.org)

(City) Honolulu

(State) Hawaii

(Zip Code) 96813

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☒ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE 1.11.19

**PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below): _____		

**PART IV LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.



LOBBYIST SIGNATURE

1/11/19

DATE

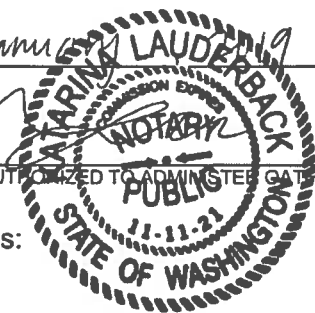
Subscribed and sworn to before me

This 11<sup>th</sup> day of January 2019.By: 

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

11/11/2021

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	
		EMAIL	
(City)	(State)	(Zip Code)	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
(Signature of Authorizing Officer or Person Represented)			(Date)